



## 98TH GENERAL ASSEMBLY

### State of Illinois

2013 and 2014

HB5488

by Rep. Patricia R. Bellock

#### SYNOPSIS AS INTRODUCED:

210 ILCS 155/10  
210 ILCS 155/15  
210 ILCS 155/20  
210 ILCS 155/50

Amends the Long Term Acute Care Hospital Quality Improvement Transfer Program Act. Provides that the Continuity and Record Evaluation (CARE) tool shall be identical to the most current version required by Medicare. Provides that the CARE tool shall be completed by a long term acute care (LTAC) hospital and submitted to the Department of Public Health within 13 calendar days (instead of 7 calendar days) after the patient is discharged. Provides that each LTAC hospital shall provide quality and outcome measurement data that is identical to the data specified in Medicare's Long Term Care Hospital Quality Reporting Program Manual. Removes provisions that specify the quality and outcome data that a LTAC hospital must provide. Provides that the Department must accept data reported to other State or federal authorities and that the Department shall not require LTAC hospitals to manually enter data into the Department's data system if that data has already been submitted to any other State or federal authority. Makes other changes. Effective immediately.

LRB098 19022 RPS 55261 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Long Term Acute Care Hospital Quality  
5 Improvement Transfer Program Act is amended by changing  
6 Sections 10, 15, 20, and 50 as follows:

7 (210 ILCS 155/10)

8 Sec. 10. Definitions. As used in this Act:

9 (a) "CARE tool" means the Continuity and Record Evaluation  
10 (CARE) tool. It is a patient assessment instrument that has  
11 been developed to document the medical, cognitive, functional,  
12 and discharge status of persons receiving health care services  
13 in acute and post-acute care settings. The data collected is  
14 able to document provider-level quality of care (patient  
15 outcomes) and characterize the clinical complexity of  
16 patients. For the purposes of this Act, the CARE tool must be  
17 identical to the most current version required by Medicare.

18 (b) "Department" means the Illinois Department of  
19 Healthcare and Family Services.

20 (c) "Discharge" means the release of a patient from  
21 hospital care for any discharge disposition other than a leave  
22 of absence, even if for Medicare payment purposes the discharge  
23 fits the definition of an interrupted stay.

1 (d) "FTE" means "full-time equivalent" or a person or  
2 persons employed in one full-time position.

3 (e) "Hospital" means an institution, place, building, or  
4 agency located in this State that is licensed as a general  
5 acute hospital by the Illinois Department of Public Health  
6 under the Hospital Licensing Act, whether public or private and  
7 whether organized for profit or not-for-profit.

8 (f) "ICU" means intensive care unit.

9 (g) "LTAC hospital" means an Illinois hospital that is  
10 designated by Medicare as a long term acute care hospital as  
11 described in Section 1886(d)(1)(B)(iv)(I) of the Social  
12 Security Act and has an average length of Medicaid inpatient  
13 stay greater than 25 days as reported on the hospital's 2008  
14 Medicaid cost report on file as of February 15, 2010, or a  
15 hospital that begins operations after January 1, 2009 and is  
16 designated by Medicare as a long term acute care hospital.

17 (h) "LTAC hospital criteria" means nationally recognized  
18 evidence-based evaluation criteria that have been publicly  
19 tested and includes criteria specific to an LTAC hospital for  
20 admission, continuing stay, and discharge. The criteria cannot  
21 include criteria derived or developed by or for a specific  
22 hospital or group of hospitals. Criteria and tools developed by  
23 hospitals or hospital associations or hospital-owned  
24 organizations are not acceptable and do not meet the  
25 requirements of this subsection.

26 (i) "Patient" means an individual who is admitted to a

1 hospital for an inpatient stay.

2 (j) "Program" means the Long Term Acute Care Hospital  
3 Quality Improvement Transfer Program established by this Act.

4 (k) "STAC hospital" means a hospital that is not an LTAC  
5 hospital as defined in this Act or a psychiatric hospital or a  
6 rehabilitation hospital.

7 (Source: P.A. 96-1130, eff. 7-20-10; 97-662, eff. 1-13-12;  
8 97-667, eff. 1-13-12.)

9 (210 ILCS 155/15)

10 Sec. 15. Qualifying Hospitals.

11 (a) Beginning October 1, 2010, the Department shall  
12 establish the Long Term Acute Care Hospital Quality Improvement  
13 Transfer Program. Any hospital may participate in the program  
14 if it meets the requirements of this Section as determined by  
15 the Department.

16 (b) To participate in the program a hospital must do the  
17 following:

18 (1) Operate as an LTAC hospital.

19 (2) Employ one-half of an FTE (designated for case  
20 management) for every 15 patients admitted to the hospital.

21 (3) Maintain on-site physician coverage 24 hours a day,  
22 7 days a week.

23 (4) Maintain on-site respiratory therapy coverage 24  
24 hours a day, 7 days a week.

25 (c) A hospital must also execute a program participation

1 agreement with the Department. The agreement must include:

2 (1) An attestation that the hospital complies with the  
3 criteria in subsection (b) of this Section.

4 (2) A process for the hospital to report its continuing  
5 compliance with subsection (b) of this Section. The  
6 hospital must submit a compliance report at least annually.

7 (3) A requirement that the hospital complete and submit  
8 to the Department the CARE tool (the most currently  
9 available version required by Medicare ~~or an equivalent~~  
10 ~~tool designated and approved for use by the Department~~) for  
11 each patient no later than 13 ~~7~~ calendar days after  
12 discharge.

13 (4) A requirement that the hospital use a patient  
14 satisfaction survey specifically designed for LTAC  
15 hospital settings. The hospital must submit survey results  
16 data to the Department at least annually.

17 (5) A requirement that the hospital accept all  
18 clinically approved patients for admission or transfer  
19 from a STAC hospital with the exception of STAC hospitals  
20 identified in paragraphs (1) and (2) under subsection (a)  
21 of Section 25 of this Act. The patient must be evaluated  
22 using LTAC hospital criteria approved by the Department for  
23 use in this program and meet the appropriate criteria.

24 (6) A requirement that the hospital report quality and  
25 outcome measurement data, as described in Section 20 of  
26 this Act, to the Department at least annually.

1           (7) A requirement that the hospital provide the  
2 Department full access to patient data and other data  
3 maintained by the hospital. Access must be in compliance  
4 with State and federal law.

5           (8) A requirement that the hospital use LTAC hospital  
6 criteria to evaluate patients that are admitted to the  
7 hospital to determine that the patient is in the most  
8 appropriate setting.

9 (Source: P.A. 96-1130, eff. 7-20-10.)

10           (210 ILCS 155/20)

11           Sec. 20. Quality and outcome measurement data.

12           (a) For proper evaluation and monitoring of the program,  
13 each LTAC hospital must provide quality and outcome measurement  
14 data ("measures") that are identical to the measures as  
15 specified in Medicare's LTCH Quality Reporting Program Manual  
16 (version 2.0) and any subsequent revisions subsections (e)  
17 through (h) of this Section to the Department for patients  
18 treated under this program. The Department may develop measures  
19 in addition to the minimum measures required under this  
20 Section.

21           (b) Two sets of measures must be calculated. The first set  
22 should only use data for medical assistance patients, and the  
23 second set should include all patients of the LTAC hospital  
24 regardless of payer.

25           (c) (Blank). ~~Average LTAC hospital length of stay for~~

1 ~~patients discharged during the reporting period.~~

2 (d) (Blank). ~~Adverse outcomes rates: Percent of patients~~  
3 ~~who expired or whose condition worsens and requires treatment~~  
4 ~~in a STAC hospital.~~

5 (e) (Blank). ~~Ventilator weaning rate: Percent of patients~~  
6 ~~discharged during the reporting period who have been~~  
7 ~~successfully weaned off invasive mechanical ventilation.~~

8 (f) (Blank). ~~Central Line Infection Rate per 1000 central~~  
9 ~~line days: Number of patients discharged from an LTAC hospital~~  
10 ~~during the reporting period that had a central line in place~~  
11 ~~and developed a bloodstream infection 48 hours or more after~~  
12 ~~admission to the LTAC hospital.~~

13 (g) (Blank). ~~Acquired pressure ulcers per 1000 patient~~  
14 ~~days.~~

15 (h) (Blank). ~~Falls with injury per 1000 patient days:~~  
16 ~~Number of falls among discharged LTAC hospital patients~~  
17 ~~discharged during the reporting period, who fell during the~~  
18 ~~LTAC hospital stay, regardless of distance fallen, that~~  
19 ~~required an ancillary or surgical procedure (i.e. x ray, MRI,~~  
20 ~~sutures, surgery, etc.)~~

21 (Source: P.A. 96-1130, eff. 7-20-10.)

22 (210 ILCS 155/50)

23 Sec. 50. Duties of the Department.

24 (a) The Department is responsible for implementing,  
25 monitoring, and evaluating the program. This includes but is

1 not limited to:

2 (1) Collecting data required under Section 15 and data  
3 necessary to calculate the measures under Section 20 of  
4 this Act. To minimize the administrative burden for  
5 participating LTAC hospitals, the Department must accept  
6 data reported to other State or federal authorities. The  
7 Department shall not require participating LTAC hospitals  
8 to manually enter data into the Department's or its agent's  
9 data system if that data has already been submitted to any  
10 other State or federal authority.

11 (2) Setting annual benchmarks or targets for the  
12 measures in Section 20 of this Act ~~or other measures beyond~~  
13 ~~the minimum required under Section 20.~~ The Department must  
14 consult participating LTAC hospitals when setting these  
15 benchmarks and targets.

16 (3) Monitoring compliance with all requirements of  
17 this Act.

18 (b) The Department shall include specific information on  
19 the Program in its annual medical programs report.

20 (c) The Department must establish monitoring procedures  
21 that ensure the LTAC supplemental payment is only paid for  
22 patients who upon admission meet the LTAC hospital criteria.  
23 The Department must notify qualified LTAC hospitals of the  
24 procedures and establish an appeals process as part of those  
25 procedures. The Department must recoup any LTAC supplemental  
26 payments that are identified as being paid for patients who do

1 not meet the LTAC hospital criteria.

2 (d) The Department must implement the program by October 1,  
3 2010.

4 (e) The Department must create and distribute to LTAC  
5 hospitals the agreement required under subsection (c) of  
6 Section 15 no later than September 1, 2010.

7 (f) The Department must notify Illinois hospitals which  
8 LTAC hospital criteria are approved for use under the program.  
9 The Department may limit LTAC hospital criteria to the most  
10 strict criteria that meet the definitions of this Act.

11 (g) (Blank). ~~The Department must identify discharge tools~~  
12 ~~that are considered equivalent to the CARE tool and approved~~  
13 ~~for use under the program. The Department must notify LTAC~~  
14 ~~hospitals which tools are approved for use under the program.~~

15 (h) The Department must notify Illinois LTAC hospitals of  
16 the program and inform them how to apply for qualification and  
17 what the qualification requirements are as described under  
18 Section 15 of this Act.

19 (i) The Department must notify Illinois STAC hospitals  
20 about the operation and implementation of the program  
21 established by this Act. The Department must also notify LTAC  
22 hospitals that accepting transfers from the STAC hospitals  
23 identified in paragraphs (1) and (2) under subsection (a) of  
24 Section 25 of this Act are not required under paragraph (5) of  
25 subsection (c) of Section 15 of this Act. The Department must  
26 notify LTAC hospitals that accepting transfers from the STAC

1 hospitals identified in paragraphs (1) and (2) under subsection  
2 (a) of Section 25 of this Act shall negatively impact the  
3 savings calculations under the Program evaluation required by  
4 Section 40 of this Act and shall in turn require the Department  
5 to initiate the penalty described in subsection (d) of Section  
6 40 of this Act.

7 (j) The Department shall deem LTAC hospitals qualified  
8 under Section 15 of this Act as qualifying for expedited  
9 payments.

10 (k) The Department may use up to \$500,000 of funds  
11 contained in the Public Aid Recoveries Trust Fund per State  
12 fiscal year to operate the program under this Act. The  
13 Department may expand existing contracts, issue new contracts,  
14 issue personal service contracts, or purchase other services,  
15 supplies, or equipment.

16 (l) The Department may promulgate rules as allowed by the  
17 Illinois Administrative Procedure Act to implement this Act;  
18 however, the requirements under this Act shall be implemented  
19 by the Department even if the Department's proposed rules are  
20 not yet adopted by the implementation date of October 1, 2010.

21 (Source: P.A. 96-1130, eff. 7-20-10.)

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law.